

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-050425

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

3741

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED DEC 20 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
14000			
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12 41-0			
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41		SHOULD READ	BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KOCH MO</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>ROST. KOCH HOSP</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>—</u> c. CITY OR TOWN <u>ST LOUIS</u> d. STREET ADDRESS <u>5321 DELMAR</u>	
3. NAME OF DECEASED (Type or print) First <u>MARGARET</u> Middle <u>—</u> Last <u>WHITE</u>		4. DATE OF DEATH Month <u>Dec</u> Day <u>5</u> Year <u>1963</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-4-79</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TEA ROOM COOK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SCRUGGS DEPT. STORE</u>	
11. BIRTHPLACE (City and state or country) <u>ENGLAND</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>WILLIAM SMITH</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA PENDLETON</u>	
14. NAME OF HUSBAND OR WIFE <u>GEORGE F WHITE deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> <u>NONE</u>	
16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT <u>Hospital record. KOCH HOSPITAL</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY THROMBOSIS</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>—</u> DUE TO (c) <u>420.1</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 MINUTES</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>—</u> a.m. <u>—</u> p.m. <u>—</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>NOV 14, 1963</u> to <u>Dec 5/63</u> and last saw her alive on <u>Dec 5/63</u>
21. I attended the deceased from <u>NOV 14, 1963</u> to <u>Dec 5/63</u> and last saw her alive on <u>Dec 5/63</u> Death occurred at <u>10 05</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Frank Collier MD</u>	
22b. ADDRESS <u>Robert Koch Hospital KOCH MO</u>		22c. DATE SIGNED <u>12/6/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec 9, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis County Missouri</u>
24. FUNERAL DIRECTOR <u>Shepard Funeral Home</u>	ADDRESS <u>Natural Bridge Rd</u>	25. DATE RECD. BY LOCAL REG. <u>12-7-63</u>	26. REGISTRAR'S SIGNATURE <u>John B. Murphy MD</u>

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Lawrence C. Keeling

Licensed Embalmer No. 4919

P. O. Address Berkeley, Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.